

BQC - 90 - 033

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To: All Wisconsin Nursing Homes
All Facilities for the Developmentally Disabled

From: Larry Tainter, Director
Bureau of Quality Assurance

Subject: Developmental Disability Care Levels

This memorandum replaces Bureau of Quality Compliance (BQC) memorandum BQC-87-019 dated April 30, 1987.

LT:kk 131

Attachment

cc: -Board on Aging and Long Term Care
-Wisconsin Counties Association
-Wisconsin Association of Nursing Homes
-Wisconsin Association of Homes and Services for the Aging
-Service Employees International
-BQC Staff
-Wisconsin Coalition for Advocacy
-Wisconsin Medical Records Association Consultants Comm.
-George F. MacKenzie
-Tina Nye, BHCF
-Comm. on Aging, Extended Care Facilities & Home Health Agencies
-Wisconsin Association of Medical Directors

WISCONSIN GUIDELINES FOR DETERMINING DEVELOPMENTALLY DISABLED LEVELS OF CARE

PURPOSE AND INTENT

These guidelines are intended to assist the evaluator in the determination of a level of care for persons who are developmentally disabled (DD). A DD level of care will be set for all persons who reside in SNFs, ICFs and ICF/MRs and meet the developmental disability criteria. The determination of the DD level of care is made at the time of a resident review.

This information is provided to assist the evaluator in the application of the DD Care Level Grid. The grid identifies critical factors which influence/impact on level of care decisions. This guideline will clarify, define and interpret factors which are considered in the determination of the appropriate DD level.

DEFINITION OF TERMINOLOGY FOUND ON DD CARE LEVEL GRID

Active Treatment as required in 42 CFR 483.440(a) is: “(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward -- (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.”

Developmental Disability means mental retardation or a related condition, such as cerebral palsy, epilepsy or autism, but excluding mental illness and infirmities of aging which is:

1. Manifested before the person reaches age 22;
2. Likely to continue indefinitely; and
3. Results in substantial limitations in three or more of the following areas of major life activity;
 - a. Self-care;
 - b. Understanding and use of language;
 - c. Learning;
 - d. Mobility;
 - e. Self-direction;
 - f. Capacity for independent living.

Activities of Daily Living (ADLs) are those usual routine self-care events which require a variety of skills. These range from prerequisite skills necessary for performing personal cares, including those needed in order to eat, drink, dress, toilet, brush teeth, wash hands, bathe or comb/brush hair to advanced skills such as basics of home care for independent living.

Communication Skills include receptive language – any type of response including facial expression, vocalizing, pointing, looking, signing or gestures that indicate an understanding; and expressive language – any form of response including speech, facial or vocal expressions, gestures, sign language and pointing to or looking at Bliss symbols or pictures.

Functional ability means the extent to which a person meets performance standards which are socially defined.

Health status refers to stability or lack of stability in regard to identified health conditions.

Health care needs refers to those interventions by health professionals which are required in order to achieve or maintain optimal health.

Pica is the ingestion of non-nutritive objects that are not normally eaten. Some individuals have been observed to ingest string, gum wrappers, lint, cigarette butts, dirt and grass. Pica is a major health concern because it may lead to perforations, obstructions, internal bleeding, or their medical complications.

Non-selective the person with non-selective pica is most at risk because they may ingest anything that fits in the mouth.

Selective the person with selective pica is usually at less risk because of consistency in the choice of non-nutritive object. The preference is for a specific item, such as cigarette butts or metal screws. Control of the environment reduces the risk.

DD LEVEL OF CARE

These levels describe four distinct categories and provide a general profile for use in determining level of care. Generally, no one factor of itself would qualify the person for any specific DD level. Occasionally, the intensity of one problem such as persistent and severe self-injurious behavior might be enough to make a determination of DD-1b appropriate even though other factors would suggest a lower level of care. The evaluator will be confronted with various combinations of functional status, behavior status and health status – given the wide range of difference among individuals. Thus, the evaluator will need to consider a total perspective when setting the DD level of care – DD-1a, DD-1b, DD-2 or DD-3.

Emphasis should not be placed on the individual's degree of mental retardation, since these degrees of retardation frequently do not give a true picture of the functional status of the person.

DD-1a

All children with developmental disabilities under the age of 18 and adults of any age whose health status is fragile, unstable or relatively unstable. Health care needs may include complex procedures such as treatment for decubitus ulcers; application of sterile dressings; gastrostomy or N/G feedings; and catheterizations. There is a relatively high to high potential for complications such as aspiration pneumonia as a result of underdeveloped sucking or swallowing reflexes, iatrogenic response to complex medication regimens, and skin breakdowns related to contractures or congenital deformities. Also to consider is the need for frequent professional assessment and monitoring of health status, such as for a person who experiences frequent or severe seizures. Others in this category may require a variety of simple or basic health procedures and/or services on a daily basis which when viewed in aggregate require the expertise of a health professional on a frequent basis to evaluate and provide management for the health care provided.

DD-1b

All children with developmental disabilities under the age of 18 and adults of any age who require considerable guidance and supervision and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health and welfare. These persons may manifest hyperactive behaviors; they may present security risks.

Programming should reflect efforts to develop internal controls for behavior; most frequently, formal behavior programs should have been implemented. Programs will focus on training/attainment of ADL skills and training of social skills.

Persons at this care level persistently or frequently exhibit inappropriate behaviors such as physical aggression or assault to peers and/or staff, destruction of property, self-injurious behaviors, pica and hyperactivity. These persons may persistently or frequently engage in undesirable social behaviors such as rectal digging, smearing stools and stripping.

The health status of a person qualifying for this care level is usually relatively stable to stable. Health problems will be characterized by chronicity. The individuals may be at risk for health problems due to their inappropriate behaviors, such as infections or other problems caused by self-injurious behavior.

DD-2

Persons at this care level exhibit appropriate social responses at most times. They may occasionally exhibit inappropriate behaviors.

This person may have limited receptive and expressive verbal ability. This person may know people by name and understand simple directions. Needs may be communicated through vocalizations, expressions and body language and gestures.

At this care level, we again may see varying degrees of functional abilities. This person will be capable of performing ADLs with varying amount of support in the way of verbal prompts or physical assistance from another. A number of persons at this level will indicate toileting need and/or may be partially toilet trained/regulated. Occasional toileting accidents may occur.

The health status of a person qualifying for this care level is usually relatively stable to stable. Health care needs may include simple or basic procedures such as routine application and monitoring of braces; splints and other adaptive equipment; positioning; PROM; and incontinent care. Professional assessment and monitoring of health status is required at regular intervals.

DD-3

Persons at this care level usually exhibit appropriate social responses. Rare incidents of inappropriate or maladaptive behaviors may occur. Programs may address attainment of social skills. These persons may need help in identifying, locating, organizing and participating in pleasurable leisure time activities.

These persons usually have good receptive language skills. Expressive language abilities may vary.

At this care level, persons will be capable of independent care of some personal grooming, feeding, bathing and toileting needs.

The health status of a person qualifying for this care level is stable. Health care needs may include simple or basic procedures such as routine application and monitoring of braces, splints and other adaptive equipment; positioning; PROM; and incontinent care. Professional assessment and monitoring of health status is required at regular intervals.

BUREAU OF QUALITY COMPLIANCE
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